Compiled In-home Services Subgroup Work Product

A work group of county and State DHR staff and providers was convened to develop guidelines for the provision of in-home services, as they would fit into the overall picture for continuums. The group was broken down into three subgroups: Credentials (including qualifications of staff, number of staff per treatment team, caseload size and availability of services), Measures and Outcomes (including length of services, tracking, reports and standards of excellence) and Core Services (including communication, referral process, service delivery, core services and roles of DHR and provider). The following is the report from each of these subgroups:

Credentials Subgroup:

QUALIFICATIONS OF STAFF:

Supervisor:

--Master degree in the field of social work, psychology, human and child development, counseling, or sociology from a college or university accredited by one of the six regional accrediting associations of the United States with a minimum of 2 years successful full-time, paid supervisory experiences in social services setting (Experience in in-home work is preferred.)

--or a Bachelor's Degree in social work, psychology, human and child development, counseling or sociology from a college or university accredited by one of the six regional accrediting associations and with a minimum of two (2) years successful full-time, paid supervisory experiences in social services setting, and who is supervised in-house by a supervisor who has a Master degree in the field of social work, psychology, human and child development, counseling, or sociology from a college or university accredited by one of the six regional accrediting associations of the United States with a minimum of 2 years successful full-time, paid supervisory experiences in social services setting and who will be enrolled in a Master's program within six (6) months of employment

Therapist:

--LCSW, LGSW, LPC from a college or university accredited by one of the six regional accrediting associations of the United States with two (2) years of proven experience

--or Master's Degree in field of social work, psychology, or counseling with five (5) years of proven experience in family and children's services

Family Support Worker:

--Bachelor's degree in the field of social work, psychology, human and child development, counseling or sociology from a college or university accredited by one of the six regional accrediting associations of the United States

--A minimum of 1 year of associated experiences.

NUMBER OF STAFF PER TREATMENT TEAM:
1--Supervisor
6--Clinical Staff, including Therapists and Family Support Workers (Based upon the need of the region)
48--Families per team (maximum) (See restrictions on each worker below)

CASELOAD SIZE:
Supervisor - Maximum of 4 family support workers
Therapist -Maximum of 12 families per therapist
Family Support worker –Maximum of 8 families
(Supervisor will not carry a caseload)

AVAILABLE OF SERVICES:
Services must be available 24 hours a day/7 days a week

Measures and Outcomes Subgroup:

- **Length of Services:**

  Service delivery and length of services should be individualized based on the identified needs of each family. However, the need exists to set parameters to reviews progress in cases to insure CAPTA and ASFA guidelines are met. Services authorized and progress made will continue to be reviewed routinely through ISPs. In addition, at 3,6 and 12 months after the service authorization, this ISP team **must** evaluate the progress being made, intensity of services and whether the service continues to be appropriate to assist the family in meeting the permanency and safety goals. The maximum authorization of a service is 12 months. If it is necessary to exceed the 12 months of service authorization, there must be concurrence from the county director.

- **Tracking:**

  Contract agencies should begin tracking cases at 6,12,18 and 24-month intervals following the completion services. Areas tracked include, but are not limited to: family's involvement with law enforcement, hospitalizations or serious illness or injury, new CPS referrals, continued school participation; and children remaining in the home. The compiled data would be shared with DHR. **(Requirements of the Outcome Measures tool developed by the Office of Service Utilization will be used to obtain this information. There will be no duplication of reporting.)**

- **Reports:**

  A standardized tool for reporting progress or lack thereof will be used by all providers. Documentation should include the amount of time spent with face to face with the family members, other activities completed with or for the families and how these activities support

the goals outlined in the ISP. It is critical that weekly internal staffing of all cases at the provider agency, weekly contact with the county DHR worker, bi-weekly staffing of all cases with the DHR worker and supervisor and monthly reports on all cases occur to allow timely assessment of progress and necessary adjustments to services.

- **Standards of Excellence:**

  All providers will adopt working agreements with other agencies to provide seamless transitions of services for families.

Providers will also develop client satisfaction surveys regarding service delivery. Families should complete surveys at 6 months, 12 months or the termination of services. Providers should have this data compiled by someone not affiliated with the treatment program or service delivery. All results should be shared with DHR.

Core Services Subgroup:

Definition

In-Home Services (I-HS) are comprehensive intensive services for families delivered primarily in the home and designed to prevent the unnecessary out-of-home placement of children who are at risk, or in crisis, and to promote family reunification designed to ensure child safety.

Purpose

- To promote the safety and well-being of children and their families.
- To preserve family unity where children's safety can be supported.
- To maintain permanency for children.
- To empower families to achieve or sustain independence and self sufficiency.
- To ensure the safe and successful reunification of children back with families.
- To ensure movement to appropriate levels of service as quickly as possible.

Service Delivery

The service delivery process begins when a referral is made by the local County Department of Human Resources to the I-HS agency. Upon referral, DHR must document that the family is being referred for either prevention of placement or for assistance with reunification.
Such documentation, as well as other pertinent social history, must accompany the referral.
Admissions are denied only if there is no available slot, warranting placement on a waiting list.

I-HS workers will be accessible to take referrals from county DHR workers twenty-four (24) hours a day, seven (7) days a week, 365 days a year via phone, cell phone, pager system and

email. At the time of the initial referral, an intake Assessment meeting which meets Medicaid requirements will be completed and a family chart developed by the DHR worker. All referrals will be channeled through the I-HS Supervisor who consults with the I-HS workers regarding available service slots. All referrals received will be listed in chronological order and contacted in the order of referral. The local County DHR I-HS Coordinator will reserve the right to advance a referral on the waiting list deemed to need immediate services**. (If there are no openings, DHR staff will look for another provider)** Families needing crisis intervention will not be placed on the waiting list until the crisis has been stabilized.

The I-HS Supervisor will contact the DHR referral worker, within two days of an anticipated opening, to obtain updated information and arrange an initial visit with a new family. Any variation of this procedure must be approved by the local County DHR.

The role, function, hours of provision of services, and length of intervention by the I-HS workers is determined by the needs of the family as defined in the ISP. The I-HS workers will accept 6-8 cases (families). The total number of hours provided by the I-HS workers will include travel time between client family homes and sufficient time for mental health consultation and documentation. The I-HS workers will provide as many hours of in-home intervention as needed and as identified by the ISP team and assessments. The I-HS worker will use flexible work hours to meet the needs of the family. The flexibility of the schedule of the workers will include, but not limited, to availability on a 24-hour, seven (7) days a week basis, 365 days per year.

A case is identified as a family, not as an individual child. Further, even if a child ultimately requires out-of-home placement, the services will continue with the family to help them adjust to this transition and work towards reunification. I-HS are bases upon a perspective which views the family as a system consisting of all extended family members and support networks within the community. The I-HS workers work with families in their own homes where the problems are occurring and in the community. The I-HS workers seek to develop a family-like bond with all members of the client system to use the “extended family” relationship to help the family learn additional skills that they may use to function more effectively in the future.

I-HS works in partnership with the local County Department of Human Resources and the families served to obtain whatever combination of services, resources and supports necessary in order to help families in their efforts to remain safely together and reach an optimal and effective level of daily functioning.

Family assessment is an on-going process. Services are provided only for as long as services are needed. The maximum authorization of a service is 12 months. If it is necessary to exceed the 12 months of service authorization, there must be concurrence from the county director.

When there is a need to resolve conflicts between the county office and the I-HS provider, the county director will become involved and may seek assistance from the consultant

Core Services

Note: Everything needs to be based on the needs identified in the ISP and based on ISP team decisions

- Schedule and coordinate the child's treatment plan: initial treatment plan within 10 days, comprehensive treatment plan within 30 days and reviews every 90 days. All treatment plans developed by the agency should be coordinated with the DHR county social worker and based upon the goals established in the child's Individualized Service Plan (ISP). The I-HS agency is required to obtain a copy of the Comprehensive Family Assessment/Intake Evaluation form and an ISP from the referring county DHR office. **Copies of the intake evaluation or comprehensive family assessment, with adequate information for intake evaluation purposes, and ISP MUST be provided to I-HS agencies within 10 days. DHR staff is required to complete and update regularly CFA's on all families referred for I-HS incorporating the information obtained by the I-HS agency into the document.**
- Include discharge planning from point of admission through point of discharge with emphasis on moving toward independent stability, safety and/or permanency as quickly as possible.
- Provides two, or more as needed, in-home face to face contacts per week with the family to examine family relationships, roles and dynamics, and how these issues impact family functioning including those contacts by a therapist or family support worker, based on needs as identified by the ISP/ISP team..
- Face-to-face or telephone contact with school, once per month or more as needed, to monitor the child's progress.
- Monthly face-to-face or telephone contact with the child's family therapist, if external to I-HS, mental health providers or other providers working with the family to monitor progress in counseling.
- Assist in the referral to other programs/services, advocate for the child and family by accompanying them to appointments as identified in the family's ISP including the coordination of transportation, family visits and activities.
- Provide education and support to enhance the child and family's ability to function independently by assisting the family with locating and appropriately utilizing community resources, services and activities (e.g., housing, food, clothes, shelter, transportation.)
- Assist the child with the development or maintenance of skills of individual basic living skills training and no more than 5 hours per week of individual and/or group basic living skills training to include but not limited to behavior education, money management, shopping, healthy lifestyles, stress management, laundry and using public transportation. Individual goals in each of these therapeutic areas must be taken from needs identified as deficits for the child and should be authorized in the context of the ISP.
- Provide family support with birth family/supervise family visitation as outlined in the ISP/Treatment Plan. This support includes the provision of services to assist the child's family members to understand the nature of the child's and how to help the child be maintained in the community by providing education about the child's illness, expected symptoms, medication management, parenting support, therapeutic visitation support

educational advocacy and/or to encourage school success, as identified in the family's ISP.

- Attend ISP's, IEP's, Court Hearings and other appointments along with the child and family to assure coordination of services, including assistance in getting the family/child to meetings or appointments when necessary.
- Provide monthly report to DHR describing services provided during the month and the child and family's progress toward achieving goals that are outlined in the treatment plan.
- Provide progress summary/report to DHR worker immediately prior to any Family Court hearing, documenting progress and making recommendations based on current level of functioning.
- Assistance in creating a behavior management plan for the child with the other members of the ISP team. All I-HS agencies shall maintain staff that has expertise in the development of such plans. **(DHR shall assume the responsibility that behavioral management plans have been completed on all children that require them.)**
- Participate in the development of the Safety Plan as needed.
- Provide crisis intervention services, as needed, to alleviate a crisis for the child or to assist the family to alleviate a crisis for the child on a 24 hours/7days a week basis.
- Maintain a no-reject/no-eject policy for children and families who meet program criteria.
- Weekly consultation with DHR and an immediate response in the event health or safety issues poses a threat to the child.
- Assistance with and the insurance that required Medicaid documentation of provided billable services is being properly maintained and in compliance with all policy and billing guidelines per the Medicaid Provider Manual, Medicaid Rehabilitative Services, Chapter 105.

Roles of DHR and I-HS

As it relates to roles, ultimately, DHR is the case manager for the case unless this role is reassigned by DHR to another agency.

DHR Roles

- DHR is responsible for coordinating the scheduling and holding of the ISP with the document distributed within 10 working days.

- DHR will work with the I-HS agency on the development of the treatment plan and for a regular review of the plan.

- DHR is also responsible for assuring that all services to be provided are included in the ISP including the core services that are appropriate for the case. DHR is also responsible for assuring that all pertinent team members attend the ISP including the HS staff.

- The DHR worker will confirm with the family the acceptance of the services deemed necessary for the family and will arrange for a time of introduction of the I-HS staff to the family where responsibilities and roles are discussed – Within 48 hours of admission the

DHR worker will contact the family to schedule a face to face in-home initial visit as soon as possible but not to exceed 4 working days or sooner if needed

- DHR staff will complete the intake evaluation prior to referral and will share this and other pertinent information with the I-HS agency.

- DHR is responsible for assuring that the I-HS agency has a copy of the ISP if one already exists and is responsible for assuring that the I-HS agency participates in the ISP if one is to be developed.

- DHR staff are required to make a monthly face to face contact with each child and family.

- DHR will participate in conferences with the school, including the parents, the I-HS worker, and particularly when problems have been identified that need resolution

- DHR is responsible for assuring that reports from the I-HS agency are received in a timely manner if problems have arisen that reports are not received, should assure that the weekly consultations with the I-HS agency are held.

- The DHR worker will also review the reports to determine that adequate progress is being made by the family and to assure that the appropriate supports are in place.

- DHR will review the therapist's reports and will schedule an ISP if there are significant requirements for a child/family that are not being addressed by the counseling. DHR should also participate in the counseling sessions as the need arises

- The DHR worker will assist in the coordination of services to address the needs of the family.

- DHR will work with the I-HS agency to develop crisis plans and safety plans that are deemed necessary to support the family and assure safety for children.

- DHR has its own QA component as it relates to the local QA committee and case review process.

- DHR will assist the I-HS agency in gaining access to the policies that direct the work of the agency.

Roles of I-HS Workers

- ***The I-HS worker is responsible for completion of all assigned tasks in the ISP.***

- The I-HS worker actively participants in the ISP.

- The I-HS worker/staff is responsible for meeting the requirements listed in the core services, including by not limited to maintaining a no-reject/no-eject policy for families who meet the program criteria

- The I-HS worker is responsible for preparing monthly comprehensive reports that are current, accurate, meaningful, are behaviorally specific and describe barriers/outcomes

- The I-HS agency is responsible for recruiting candidates for the various positions that are part of the contact and for coordinating with DHR on the suitability of the various candidates.

- After the family has agreed to the service intervention, The I-HS agency will accompany the DHR worker to the home at the point of first introduction to the family and will participate in a discussion of the plan for the family

- The I-HS agency will receive and review the intake evaluation and depending on the other information available from DHR may coordinate the pulling together of information to complete the CFA.

- I-HS staff are required to be available to the families 24 hours per day 7 days per week and should be available to provide crisis intervention as needed.

- The I-HS staff are required to have contact with the schools to monitor the child's progress and to make reports on progress to DHR once per month. Any contacts should include involving the parents in the discussions.

- The I-HS staff can call an ISP if one is deemed necessary but has not been scheduled.

- Provides two, or more as needed, in-home face to face contacts per week with the family to examine family relationships, roles and dynamics, and how these issues impact family functioning including those contacts by a therapist or family support worker, based on needs as identified by the ISP/ISP team.

- The I-HS staff will assist in making referrals to other programs/services to address the needs identified for the child/family and will monitor those services to be sure that they are meeting the needs.

- The I-HS staff will work with the family to arrange for community and family supports that will support independence of the family from agency involvement.

- The I-HS staff will schedule and coordinate the family treatment plan as per the information in the core services up to and including discharge from the program.

- The I-HS staff are responsible for working with the local DHR office and SDHR to resolve any concerns that are identified.

- While DHR has the responsibility for developing a behavior management plan for children needing them, the I-HS agency should assist in the development and monitoring of this plan with all participants.

- I-HS agency will work with DHR to develop crisis plans and safety plans that are deemed necessary to support the family and assure safety for children.

- The I-HS agency will conduct QA activities, including outcome measures, for the services/programs being providing and will share this information with DHR. Outcome measures will be administered every 90 days.

- The I-HS agency will be familiar with pertinent DHR policies related to the service provision, planning with families.